

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F07000001132

**FILED**  
**Dec 06, 2011**  
**Secretary of State**

**Entity Name:** INTERSTATE COMMERCIAL REAL ESTATE, INC.

**Current Principal Place of Business:**

17000 HORISON WAY  
SUITE 100  
MOUNT LAUREL, NJ 08054

**New Principal Place of Business:**

14000 HORISON WAY  
SUITE 100  
MOUNT LAUREL, NJ 08054

**Current Mailing Address:**

17000 HORISON WAY  
SUITE 100  
MOUNT LAUREL, NJ 08054

**New Mailing Address:**

14000 HORISON WAY  
SUITE 100  
MOUNT LAUREL, NJ 08054

**FEI Number:** 22-3201819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEKOGIAN, NICKOLAS W III  
3000 HOLIDAY DR, APT 905  
FT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

KENNEY, MICHAEL M  
765 JEFFERY STREET  
301  
BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL KENNEY

12/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: SILVESTRI, JOHN P  
Address: 14000 HORIZON WAY, SUITE 100  
City-St-Zip: MT. LAUREL, NJ 08054

Title: S  
Name: LOWTHER, KENNETH E  
Address: 14000 HORIZON WAY, SUITE 100  
City-St-Zip: MT. LAUREL, NJ 08054

Title: T  
Name: SHARPE, THOMAS C  
Address: 14000 HORIZON WAY, SUITE 100  
City-St-Zip: MT. LAUREL, NJ 08054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS C SHARPE

T

12/06/2011

Electronic Signature of Signing Officer or Director

Date